

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4/1/10

Address: Van Nuys west of Willow

Case #: 24-31351

Trail

County: St. Joseph

Walkerton, IN

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open – No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): Along roadside  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: Along roadside  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): Along roadside  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Walkerton VFD

Fax: 574-586-3816

Health Department: St. Joseph

Fax: (574) 235-9960

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Jason Faulstich Phone 574-546-4900

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.